

From: Office OF Women's Health <owh@cdc.gov>

To:

Subject: December 2001 Women's Health Update from the CDC/ATSDR

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What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at owh@cdc.gov.

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ARTICLES, REPORTS AND OTHER DOCUMENTS

- 1. The 1999 Assisted Reproductive Technology Success Rates Report
The goal of this report is to help potential assisted reproductive technology (ART) users make informed decisions about ART by providing some of the information needed to answer the following questions: What are my chances of having a child by using ART? Where can I go to get this treatment?

<http://www.cdc.gov/nccdphp/drh/ART99/index99.htm>

- 2. Tamoxifen and Breast Cancer Incidence Among Women with Inherited Mutations in BRCA1 and BRCA2
An E-Journal Club review from the Human Genome Epidemiology Network (HuGENeT) of the King M-C et al article published in JAMA. Includes a detailed abstraction of the article.

<http://www.cdc.gov/genetics/hugenet/ejournal/tamoxBRC.htm>

- 3. Camp Lejeune, NC-Additional Women Needed for Survey
ATSDR researchers are looking for 868 additional women who were pregnant while living in base housing on the Marine Corps base Camp Lejeune during 1968-1985. A survey is being done to determine the frequency of birth defects and childhood cancers among children that were carried during this time period and who might have been exposed to chemicals while in the

womb. More than 12,332 women have been surveyed so far. Some drinking water wells in operation at Camp Lejeune prior to 1985 were found to be contaminated with trichloroethylene (TCE) and tetrachloroethylene (PCE), chemicals used as degreasers and dry cleaning solvents. Information from the survey will be used to determine whether further evaluation is needed.
<http://www.atsdr.cdc.gov/NEWS/lejeune.html>

4. Patient Flow Analysis (PFA)

Patient Flow Analysis (PFA) is a DOS-based computer application used to document personnel utilization and patient flow in health service clinics through single or multiple clinic session studies. Its use provides clinic management with data for statistical documentation and graphical representation of a clinic session. The data can then be used to identify problems in patient flow, determine personnel and space needs, and document personnel costs per patient visit. PFA is a tool that aids management in assessing the effect that a clinic "system" has on patient flow.

http://www.cdc.gov/nccdphp/drh/sata_pfa.htm

5. Notice to Readers: Additional Options for Preventive Treatment for Persons Exposed to Inhalational Anthrax

Many persons who were exposed to inhalational anthrax in the recent bioterrorism-related anthrax attacks have or are concluding their 60-day course of antimicrobial prophylaxis. Some persons, especially those who were exposed to high levels of anthrax spores, might want to take additional precautions. The U.S. Department of Health and Human Services (DHHS) is providing two additional options beyond the 60-day anti-microbial prophylaxis course: an extended 40-day course of antimicrobial prophylaxis and investigational postexposure treatment with anthrax vaccine.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5050a5.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5050.pdf>

6. Revised Recommendation for Avoiding Pregnancy After Receiving a Rubella-Containing Vaccine

On October 18, 2001, the Advisory Committee on Immunization Practices (ACIP) reviewed data from several sources indicating that no cases of congenital rubella syndrome (CRS) had been identified among infants born to women who were vaccinated inadvertently against rubella within 3 months or early in pregnancy. On the basis of these data, ACIP shortened its recommended period to avoid pregnancy after receipt of rubella-containing vaccine from 3 months to 28 days. Data were available from 680 live births to susceptible women who were inadvertently vaccinated 3 months before or during pregnancy with one of three rubella vaccines. None of the infants was born with CRS.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5049a5.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5049.pdf>

7. State-Specific Prevalence of Current Cigarette Smoking Among Adults, and Policies and Attitudes About Secondhand Smoke-United States, 2000
CDC analyzed data from the 2000 Behavioral Risk Factor Surveillance System (BRFSS). This report summarizes the results of that analysis and indicates that in 2000, state-specific adult smoking prevalence ranged from 12.9%-30.5%, and high levels of public support exist, even among smokers, for smoke-free policies in many settings. The cigarette smoking prevalence in 2000 differed approximately twofold. The median smoking prevalence among men was 24.4% (range: 14.5%-33.4%) and among women was 21.2% (range: 9.9%-29.5%). Utah had the lowest prevalence for men (14.5%) and Puerto Rico had the lowest for women (9.9%). The 12 areas with the highest prevalence of current smoking (Kentucky, Nevada, Missouri, Indiana, Ohio, West Virginia, North Carolina, Tennessee, New Hampshire, Alabama, Arkansas, and Alaska) differed significantly from the 12 areas with lower prevalence (Utah, Puerto Rico, California, Arizona, Montana, Hawaii, Minnesota, Connecticut, Massachusetts, Colorado, Maryland, and Washington). Tobacco use, particularly cigarette smoking, is the leading preventable cause of death in the United States, but the health consequences extend beyond smokers to nonsmokers involuntarily exposed to environmental tobacco smoke or secondhand smoke (SHS). States should implement comprehensive programs to reduce tobacco use and adopt clean indoor air policies to reduce involuntary exposure to SHS.

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5049a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5049.pdf>

8. Cigarette Smoking in 99 Metropolitan Areas - United States, 2000

This report summarizes estimates of smoking behavior for the 99 metropolitan statistical areas (MSAs) with greater than 300 respondents (maximum: 7,264) in the 2000 Behavioral Risk Factor Surveillance System (BRFSS), an annual, state-based survey that includes questions about tobacco use. The median adult prevalence of current smoking for the 99 MSAs was 22.7% (range: 13.0%--31.2%). Prevalence was higher for men than women in 73 of 99 MSAs; the difference by sex was significant in six (Los Angeles, California; Honolulu, Hawaii; Wichita, Kansas; New Orleans, Louisiana; Charlotte, North Carolina; and Dallas, Texas). The five MSAs with the highest prevalence of current smoking (Toledo, Ohio; Knoxville, Tennessee; Indianapolis, Indiana; Cleveland-Lorain-Elyria, Ohio; and Huntington-Ashland, West Virginia) differed significantly from the five MSAs with the lowest prevalence (Orange County, California; Salt Lake City-Ogden, Utah; San Diego, California; Miami, Florida; Bergen-Passaic, New Jersey; and Las Cruces, New Mexico). By region, median prevalence was highest in the Midwest (23.7%), followed by the South (23.2%), Northeast (20.8%), and West (20.6%).

HTML version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5049a3.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5049.pdf>

9. Sexually Transmitted Disease Surveillance 2000

This report presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2000. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases. The figures and tables in this edition supersede those in earlier publications of these data. Includes chapter on STDs in women and infants, with rates by state for chlamydia, gonorrhea, and primary and secondary syphilis. Also includes information on hospitalizations for ectopic pregnancy and pelvic inflammatory disease.

<http://www.cdc.gov/std/stats/TOC2000.htm>

Surveillance slides - <http://www.cdc.gov/std/2000Slides.htm>

10. Women's Safety and Health Issues at Work

As the only federal agency mandated to conduct research to prevent injuries and illnesses in the workplace, CDC has an expanding research program to address the occupational safety and health needs of working women. This page contains information on working women, the hazards they may face, and CDC research in areas of particular concern to women.

<http://www.cdc.gov/niosh/womsaft.html>

11. The Ethnicity, Needs, and Decisions of Women (ENDOW) Study

The Ethnicity, Needs, and Decisions of Women (ENDOW) study was designed to examine the factors that influence women's choices and decision-making regarding hysterectomy, oophorectomy, and use of hormone replacement therapy, with a focus on the potential influences of cultural identity and ethnicity. Materials were developed to enhance decision making about reproductive health care, using hysterectomy as an example. This link to the ENDOW Web site provides visitors with an overview of the study, relevant publications, presentations, and contact information. Funded by the National Institutes of Health and CDC.

University of Alabama Web site - <http://www.dopm.uab.edu/endow/>

12. Lessons Learned from Contraceptive Logistics Experience

Since 1973, CDC has provided technical assistance in contraceptive logistics matters to family planning programs in 65 countries in Asia, Africa, Latin America, and Eastern Europe. In more than 25 years of logistics work, maxims have emerged.

http://www.cdc.gov/nccdphp/drh/logistics/contraceptive/gp_insights.htm

13. U.S. Syphilis Rate Declines to All-Time Low in 2000

The overall syphilis rate in the United States fell to an all-time low in 2000, continuing a decade-long decline that places elimination of this sexually transmitted disease within closer reach. In 2000, only 5,979

cases of primary and secondary (P&S) syphilis were reported in the United States, a decline of 9.6 percent since 1999. The reported rate of syphilis for 2000 was 2.2 cases per 100,000 people, slightly less than the 1999 syphilis rate, which was 2.4 cases per 100,000 people. In 2000, half of all P&S syphilis cases in the United States were concentrated in only 21 counties and one independent city.

<http://www.cdc.gov/std/media/>

14. 2001 USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus
For each of the 19 diseases covered in this report, specific recommendations are provided that address a) prevention of exposure to the opportunistic pathogen, b) prevention of the first episode of disease, and c) prevention of disease recurrence. Recommendations are rated by a revised version of the IDSA rating system.

PDF version - <http://www.hivatis.org/guidelines/other/OIs/OIGNov27.pdf>

15. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States

These recommendations update the May 4, 2001 guidelines developed by the Public Health Service for the use of zidovudine (ZDV) to reduce the risk for perinatal human immunodeficiency virus type 1 (HIV-1) transmission. This report provides health-care providers with information for discussion with HIV-1 infected pregnant women to enable such women to make an informed decision regarding the use of antiretroviral drugs during pregnancy and use of elective cesarean delivery to reduce perinatal HIV-1 transmission.

http://www.hivatis.org/guidelines/perinatal/Dec_01/perinatal_Dec.pdf

16. U.S. Obesity Trends 1985 to 2000

During the past 20 years there has been a dramatic increase in obesity in the United States. Currently, more than half of all U.S. adults are considered overweight, defined as having a Body Mass Index of 25 or more. These data were derived from the Behavioral Risk Factor Surveillance System, a random-digit telephone survey conducted by the CDC and state health departments. As the obesity epidemic spread, the prevalence of overweight among U.S. adults increased by 61% from 1991 to 2000 alone.

<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm>

The Surgeon General's Call To Action Report -

<http://www.surgeongeneral.gov/topics/obesity/>

UPCOMING CDC CONFERENCES

17. National Conference on Chronic Disease Prevention and Control,

February 27-March 1, 2002, Atlanta, GA.

The theme for the conference is "Cultivating Healthier Communities through Research, Policy and Practice." This site includes program highlights, the preliminary schedule, special activities and general information on cost, registration, travel, hotel, and more.

<http://www.cdc.gov/nccdphp/conference/current/index.htm>

18. 2002 National STD Prevention Conference, March 4-7, 2002, San Diego, CA

This conference will provide an opportunity to discuss challenges through exploration of the latest science, the best practices, and how science and practice interface.

<http://www.stdconference.org/>

19. BRFSS 19th Annual Conference, March 11-14, Atlanta, GA

CDC invites you to attend the 19th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference. Persons involved in data collection, analysis, and utilization of state-based behavioral surveillance data are encouraged to attend.

<http://www.cdc.gov/nccdphp/brfss/conference/index.htm>

20. 2002 CDC Diabetes Translation Conference, May 6-9, St. Louis, MO

The CDC Diabetes Translation Conference 2002 will bring together a wide constituency of local, state, federal, and territorial governmental agencies, and private-sector diabetes partners. We will explore science, policy, education, and program planning and implementation and evaluation issues that will help eliminate the preventable burden of diabetes.

<http://www.cdc.gov/diabetes/conferences/index.htm#2002>

21. 2002 National Sexual Violence Prevention Conference: Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue

The 2002 National Sexual Violence Prevention Conference is scheduled to take place in Chicago, Illinois at the Chicago Marriott Downtown, May 28-31, 2002. The theme, "Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue" aptly describes conference goals to: forge working partnerships between researchers, practitioners, advocates, and survivors; increase understanding of issues on sexual assault; bring together representatives from the public and private sector; provide a broad focus of expertise on programs, direct services, surveillance, research and evaluation.

<http://www.cdc.gov/ncipc/dvp/fivpt/2002nsvp.htm>

HEALTH OBSERVANCES/CAMPAIGNS

22. Extreme Cold: A Prevention Guide to Promote Your Personal Health & Safety

When winter temperatures drop significantly below normal, staying warm and safe can become a challenge. Extremely cold temperatures often accompany a winter storm, so you may have to cope with power failures and icy roads. Although staying indoors as much as possible can help reduce the risk of car crashes and falls on the ice, you may also face indoor hazards. Plan ahead.

<http://www.cdc.gov/nceh/hsb/extremecold/>

23. National Bone Health Campaign

The National Bone Health Campaign, Powerful Bones. Powerful Girls, is a multi-year national campaign to promote optimal bone health in girls 9-12 years old, and thus reduce their risk of osteoporosis later in life. The goal is to educate and encourage girls to establish lifelong healthy habits, especially increased calcium consumption and physical activity, to build and maintain strong bones. The Office on Women's Health of the Department of Health and Human Services, CDC, and the National Osteoporosis Foundation are the major sponsors of the Campaign.

<http://www.cdc.gov/powerfulbones/>

CDC SPONSORED TRAINING/CONTINUING EDUCATION

24. Revised Recommendations for HIV Screening of Pregnant Women

Scheduled for April 25, 2002 from 1:00-3:00 p.m. Further information will be available after February 15 by fax from CDC Fax Information System at 888-CDC-FAXX. When prompted, enter document #130036 and a return fax number.

25. NCHS/Academy Health Policy Fellowship

This Fellowship is aimed at using CDC data systems to study issues of concern to policymakers and the health services research community, and CDC will award up to two fellowships annually over the course of the program. Application deadline: January 25, 2002.

<http://www.cdc.gov/nchs/about/fellowship.htm>

26. Steven M. Teutsch Post-Doctoral Fellowship in Prevention Effectiveness (PE) Methods

The PE Fellowships were begun in 1995 to establish capability within CDC to conduct prevention-effectiveness studies. The Fellowships are for post-doctoral candidates with expertise in quantitative policy analysis who wish to gain experience and training in assessing the effectiveness of prevention strategies. Fellows take a lead role in designing and conducting studies, work closely with national and international experts in public health, provide technical assistance throughout CDC on specific projects or methods, and have the opportunity to teach CDC courses in PE methods. Application deadline: February 15, 2002.

<http://www.cdc.gov/epo/fellow.htm>

27. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web

Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be in January 2002. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site -

<http://www.uic.edu/sph/cade/mchepi/meetings/>

GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

28. Integrated, Multi-level Interventions to Improve Adolescent Health through the Prevention of Sexually Transmitted Diseases, Including HIV, and Teen Pregnancy [Program Announcement 02008]

The goal of this cooperative agreement research program is to develop, implement and evaluate interventions to prevent STD, including HIV, and pregnancy among adolescents. These interventions should be multi-level and should be integrated, interactive, and synergistic. The goal of this research program is to take a developmental approach to delivering multi-level interventions, that change over time to be age appropriate.

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, and federally

recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Approximately \$1,000,000 is available in FY 2002 to fund up to three awards. A letter of intent (LOI) is requested and appreciated but is not required for this program. On or before March 1, 2002, submit the LOI. Deadline: June 1, 2002.

<http://www.cdc.gov/od/pgo/funding/02008.htm>

29. Grants for Rape Prevention and Education [Program Announcement 02002]

CDC announces the availability of fiscal year (FY) 2002 funds for grants to state and territorial health departments, to support programs addressing violence against women. The Rape Prevention and Education Grant Program strengthens violence against women prevention efforts by supporting increased awareness, education and training, and the operation of hotlines. The purpose of this program is to award formula grants to States and Territories to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities. Assistance will be provided only to the health departments of States and territories, or their bona fide agents who are current recipients of Rape Prevention and Education funding, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Approximately \$42,000,000 is available in FY 2002, for funding under this formula based grant program (refer to attachment 1 in the application kit). It is expected that the awards will be made on two cycles. Due Dates: Cycle A: November 1, 2001 for States and Territories that require FY 2002 RPE funds prior to February 28, 2002. Cycle B: April 1, 2002 for all other States and Territories.

<http://www.cdc.gov/od/pgo/funding/02002.htm>

30. Public Health Conference Support Grant Program [Program Announcement 02004]

CDC and ATSDR announce the availability of fiscal year (FY) 2002 funds for a grant program for Public Health Conference Support. This announcement is related to the focus areas of Arthritis, Osteoporosis, Chronic Back Conditions, Cancer, Diabetes, Disability and Secondary Conditions, Educational and Community-Based Programs, Environmental Health, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury and Violence Prevention, Maternal, Infant and Child Health, Occupational Safety and Health, Oral Health, Physical Activity and Fitness, Public Health Infrastructure, Respiratory Diseases, Sexually Transmitted Diseases, and Tobacco Use. HIV is not included in this Program Announcement. The purpose of conference support funding is to provide partial support for specific non-federal conferences (not a series) in the areas of health promotion and disease prevention information and education

programs, and applied research. Applications for CDC support may be submitted by public and private non-profit organizations. Public and private non-profit entities include State and local governments or their bona fide agents, voluntary associations, foundations, civic groups, scientific or professional associations, universities, and Federally-recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Only conferences planned for May 1, 2002 through September 30, 2003 are eligible to apply under this announcement. Approximately \$1,100,000 may be available from CDC in FY 2002 to fund approximately 50 to 60 awards. Approximately \$50,000 is available from ATSDR in FY 2002 to fund approximately six awards. A letter of intent (LOI) is required for this Program Announcement. Submission and Deadline for all applicants: Letter of Intent Due Dates: Cycle C: April 1, 2002 for Conferences November 1, 2002 - September 30, 2003.

<http://www.cdc.gov/od/pgo/funding/02004.htm>

31. Public Health Conference Support Cooperative Agreement Program for HIV Prevention [Program Announcement 01025]

CDC announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus (HIV) Prevention. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Conferences planned for July 1, 2001, through June 30, 2003, are eligible. Foreign organizations are not eligible to apply. Approximately \$200,000 is available in FY 2001 and in FY 2002 to fund approximately 10 to 15 awards each fiscal year. Awards may range from \$10,000 to \$25,000. Letter of Intent Due Dates: Cycle III: January 18, 2002-for conferences July 1-December 31, 2002; Cycle IV: July 19, 2002-for conferences January 1-June 30, 2003.

<http://www.cdc.gov/od/pgo/funding/01025.htm>

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CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.